

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **METHOD AND APPARATUS FOR MATCHING RISK TO RETURN**, the specification of which

is attached hereto.

was filed on _____ as United States Application No. or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR Section 1.56.

I hereby claim foreign priority benefits under 35 USC Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Applications(s)	Priority Not Claimed
-------------------------------	-------------------------

(Number)	(Country)	(Date/Month/Year Filed)
(Number)	(Country)	(Date/Month/Year Filed)

I hereby claim the benefit under 35 USC Section 119(e) of any United States provisional application(s) below:

(Application Serial No.)	(Filing Date)
(Application Serial No.)	(Filing Date)

I hereby claim the benefit under 35 USC Section 120 of any United States application(s), or Sections 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37 CFR, or PCT International filing date of this application:

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

PTO Customer Number 28062

Patrick J. Buckley (Reg. No. 40,928);
Kurt M. Maschoff (Reg. No. 38,235);
Nandu A. Talwalkar (Reg. No. 41,339); and
Scott B. Allison (Reg. No. 38,370).

Send correspondence to:

PTO Customer Number 28062

Kurt M. Maschoff
BUCKLEY, MASCHOFF, TALWALKAR & ALLISON LLC
111 Elm St.
New Canaan, CT 06840

Direct telephone calls to: Kurt M. Maschoff at (203) 972-0081.

Full name of First Inventor Rodrigo Munoz	
First Inventor's Signature	Date:
Residence 3700 Lyon Road #117, Fairfield, CA US 94533	
Citizenship Chile	
Post Office Address SAME AS RESIDENCE	

Full name of Second Inventor	
Second Inventor's Signature	Date:
Residence ,,	
Citizenship	
Post Office Address SAME AS RESIDENCE	